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U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF WILLIAM ROBERT SHAW	2020 MAY 22 PM 3:10	COURT CASE NUMBER 20-C-483
DEFENDANT DR. ROBERT MCQUEENY	U.S. MARSHALS MILWAUKEE, WI	TYPE OF PROCESS Ntc, Wvr, Comp, Cons, Order
SERVE AT	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Robert McQueeny	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) c/o Milwaukee Co. Jail HSU 949 N. 9th Street, Milwaukee, WI	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
William Robert Shaw #2017031179 Milwaukee County Jail 949 N. 9th St. Milwaukee, WI 53233		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

NOTE: Pro Se Staff Attorneys advise that Milwaukee County will NOT accept service for Dr. McQueeny, who is a contract employee.

Signature of Attorney or other Originator requesting service on behalf of: William Robert Shaw #2017031179	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 5/20/2020
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 89	Signature of Authorized USMS Deputy or Clerk Heather Vaccaro	Date 06/12/2020
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee 0	Total Mileage Charges (including endeavors) 0	Forwarding Fee \$8.00	Total Charges \$8.00	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) \$8.00

REMARKS 12 June 2020 - mailed to Δ  
20 July 2020 - Waiver of Service not returned or filed on Pacer.